

SERVICE	LIMITATIONS
12. <u>Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses</u>	
12.a. Prescribed drugs (continued)	<div data-bbox="789 391 1463 1519"><div data-bbox="822 391 1463 514">(i) Intravenous solutions. The payment for intravenous solutions is included in the nursing home per diem rate.</div><div data-bbox="806 549 1463 612">(ii) Those noncompensable drugs and items as specified in this section.</div><div data-bbox="789 646 1463 710">(iii) The following classes of nonlegend drugs:<div data-bbox="895 744 1387 1264"><div data-bbox="895 744 1149 776">(A) Analgesics.</div><div data-bbox="895 810 1116 842">(B) Antacids.</div><div data-bbox="895 876 1387 908">(C) Antacids with simethicone.</div><div data-bbox="895 942 1354 974">(D) Cough-cold preparations.</div><div data-bbox="895 1008 1212 1040">(E) Contraceptives.</div><div data-bbox="895 1074 1262 1138">(F) Laxative and stool softeners.</div><div data-bbox="895 1172 1354 1204">(G) Ophthalmic preparations.</div><div data-bbox="895 1238 1262 1270">(H) Diagnostic agents.</div></div><div data-bbox="895 1293 1463 1391">Payment for these nonlegend products is included in the nursing home per diem rate.</div><div data-bbox="799 1425 1463 1519">(iv) Legend laxatives. Payment for all laxatives is included in the nursing home per diem rate.</div></div></div>
15. Items prescribed or ordered by a practitioner who has been barred or suspended during an administrative action from participation in the Medical Assistance Program.	

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE

SERVICE	LIMITATIONS
11. <u>Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses</u>	
12. Prescribed Drugs continued:	<p>16. Prescriptions or orders filled by a pharmacy other than the one to which a recipient has been restricted because of misutilization or abuse.</p> <p>17. DESI drugs and any identical, similar, or related products or combinations of these products. DESI drugs are defined as those drugs for which Federal Financial Participation (FFP) is not available pursuant to the Federal regulations at 42 CFR \$441.15 (pertaining to less than effective drugs). The State will grant a 30-day grace period from the date of publication of the Notice of Opportunity for Hearing (NOOH) in the Federal Register in order to provide ample time to notify all providers that coverage for DESI drugs shall cease. In addition, the State will use this 30-day grace period to identify all products which are identical, similar or related to the DESI drugs described in the Federal Register and to make any necessary changes to the claims processing system. The State shall not claim FFP for any periods beyond the 30-day period after publication of the NOOH in the Federal Register.</p> <p>18. Nonlegend impregnated gauze and any identical, similar, or related nonlegend products.</p> <p>19. Any pharmaceutical product marketed by a drug company which has not entered into a rebate agreement with the federal government as provided under Section 4401 of the Omnibus Budget Reconciliation Act of 1990.</p>

Limitations on Payment

Price authorization is required for the following:

1. All multi-source brand name drugs identified by the State Agency as having A-rated generic available for substitution except for those brand name drugs whose net cost after rebate is less than the A-rated generic cost.

STATE AND LOCAL OFFICIALS OF THE OFFICE OF HEALTH AND  
WELFARE, DEPARTMENT OF HEALTH AND HUMAN SERVICES

ATTACHMENT 11A  
11/1/95

STATE AND LOCAL OFFICIALS OF THE OFFICE OF HEALTH AND HUMAN SERVICES, OTHER TYPES OF OFFICIALS

SERVICE LIMITATIONS

11. Prescribed Drugs, Dentures,  
and Prosthetic Devices, and  
Eye Glasses

12. Prescribed Drugs  
continued

1. Anti-ulcer drugs identified by the State  
agency in the following situations:

- i. Continued treatment at the acute level  
usage used in excess of 90 days for  
any condition.
- ii. Concurrent use with another anti-ulcer  
drug at any dosage level.
- iii. A change from one ulcer drug to  
another during the initial 90 day  
acute stage.
- iv. New prescriptions issued after the 90  
day acute stage for continued use at  
the acute dosage level.

APR 04 1996

SERVICE	LIMITATIONS
12. <u>Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses</u> (Continued)	
12.b. Dentures	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable services:</p> <p>One (1) pair of complete and partial dentures per recipient per five (5) year period for recipients under 21 years of age.</p> <p>One (1) pair of complete and partial dentures per recipient per seven (7) year period for recipients over 21 years of age.</p> <p>Limits are waived when medical necessity is documented for recipients under 21 years of age.</p>
12.c. Prosthetic and orthotic devices	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable services:</p> <ol style="list-style-type: none"><li>1. Prior authorization is required for all prescribed prosthetic and orthotic devices.</li><li>2. Payment for orthopedic shoes is made only if the recipient is eligible for EPSDT services.</li><li>3. Payment for orthopedic shoes and orthotic devices is subject to the following limitations:<ol style="list-style-type: none"><li>(i) Four pairs of orthopedic shoes, either with or without an attached leg brace per year.</li><li>(ii) One pair of orthotic devices every three years for those eligible recipients 16 years of age or older. These are not compensable, however, if the recipient has received orthopedic shoes in the 365 days prior to provision of the orthopedic device.</li><li>(iii) Four pairs of orthotic devices every three years for those eligible recipients under 16 years of age. These are not compensable, however, if the recipient has received orthopedic shoes in the 365 days prior to provision of the orthotic device.</li><li>(iv) Limits are waived when medical necessity is documented for recipients under 21 years of age.</li></ol></li></ol>

SERVICE	LIMITATIONS
12. <u>Prescribed Drugs, Dentures, and Prosthetic Devices, and Eyeglasses</u>	
12.c. Prosthetic and orthotic devices (Continued)	4. Payment for molded shoes is made only for those shoes prescribed for severe foot and ankle conditions and deformities of such degree that the patient is unable to wear ordinary sturdy shoes with or without corrections and modifications. 5. Payment for modifications to orthopedic shoes and molded shoes will be made only if those modifications are necessary for the application of a brace or splint. 6. Payment for low vision aids and eye prostheses is limited to one per recipient per two (2) years. An eye occluder is limited to 1 per year. 7. Hearing aids are provided only to individuals under age 21.
12.d. Eyeglasses	<u>Limitations on payment</u> - The following limits apply to payment for compensable services:  1. Lens are limited to 4 per year. 2. Frames are limited to 2 per year. 3. Contact lens for aphakia are limited to 2 per year except for hydrophilic, spherical lens which are limited to 4 per year. 4. Replacement cataract lens and overcorrection lens over contact lens or implanted lens are limited to 4 per year.
13. Other diagnostic and rehabilitative services	<u>Limitations on payment</u> - The following limits apply to payment for compensable services:  a,b,c. Diagnostic, Screening and Preventive Services  1. Procedures not listed in the Medical Assistance Program Fee Schedule or precluded by Chapter 1150 (relating to Medical Assistance Program payment policies).

SERVICE	LIMITATIONS
13. Other diagnostic and rehabilitative services	2. Services not otherwise covered under the State Plan are limited to individuals under 21 years of age for treatment of physical and mental problems identified through EPSDT screenings and require prior authorization.

TN# 91-40

Supersedes

TN# 86-11

Approval Date MAY 12 1992

Effective Date 01/01/92

State/Territory: COMMONWEALTH OF PENNSYLVANIA

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☒ Provided: ☐ No Limitations ☒ With Limitations\*

☐ Not Provided.

c. Preventive services.

☒ Provided: ☐ No Limitations ☒ With Limitations\*

☐ Not Provided.

d. Rehabilitative services.

☒ Provided: ☐ No Limitations ☒ With Limitations\*

☐ Not Provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☐ No Limitations ☒ With Limitations\*

☐ Not Provided.

b. Skilled nursing facility services.

☒ Provided: ☒ No Limitations ☐ With Limitations\*

☐ Not Provided.

c. Intermediate care facility services.

☒ Provided: ☒ No Limitations ☐ With Limitations\*

☐ Not Provided.

\*Description provided on attachment.

DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
13. Other diagnostic, screening prevention and rehabilitative services, i.e. other than those in this plan.	
(d) Rehabilitative services	
(i) Family-Based Mental Health Rehabilitative Services	
<p>This is a comprehensive mental health service provided primarily in the home of a child or adolescent with a mental illness or a serious behavior disorder which is intended to forestall child and adolescent psychiatric hospitalization and other out of the home placements.</p> <p>The services are under the direct supervision of a program director who must have a graduate degree, in psychiatry, psychology, social work, nursing, rehabilitation, education, or any other graduate degree in the field of human services plus a minimum of three years direct care experience with children or adolescents in a Child and Adolescent Service System Program (CASSP) including two years supervisory experience in any program of the CASSP system, or supervisory certification from the American Association of Marriage and Family Therapists. CASSP programs are Mental Health, Mental Retardation, Education, Special Education, Children and Youth, Drug and Alcohol, Juvenile Justice, Health Care, and Vocational Rehabilitation.</p> <p>A program director who has a bachelor's degree and a major in a</p>	<p>(a) Providers must be licensed as Family-Based Mental Health Rehabilitation Service Providers.</p> <p>(b) Services are available through the early and period screening, diagnosis, and treatment (EPSDT) program to identified patients under 21.</p> <p>(c) Services must be recommended by a physician or licensed psychologist.</p> <p>(d) All staff must have Act 33-80 clearance before providing service.</p> <p>(e) Services are limited to a 32 week period beginning on the first date of service. Additional periods of service will be approved by the Department if medically necessary.</p> <p>(f) Payment is not made for services which are available in another publicly funded program.</p>

TN No. 90-10  
Supersedes  
TN No. \_\_\_\_\_

Approval Date

~~3/15/91~~  
3/15/91

Effective Date July 1, 1990



DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
<p>field of human service plus three years direct care experience with children and adolescents in a CASSP system program may, with the approval of the Department, direct a Family-Based Mental Health Program, provided the services of a clinical consultant is obtained to provide clinical support. A clinical consultant may be a child psychiatrist or a person with a master's degree in a field of human service plus three years direct mental health service experience in working with children and families.</p> <p>Services are provided by a team consisting of a children's mental health professional and a children's mental health worker. A children's mental health professional must have a graduate degree in psychiatry, psychology, social work, nursing, education, rehabilitation or any graduate degree in the field of human services plus two years experience in a CASSP system program; or a RN and five years experience including two years experience in a CASSP system program plus certification in Pennsylvania as a mental health family-based worker; or a bachelor's degree in psychology, sociology, social work, nursing, rehabilitation, education, pre-med, theology, anthropology, or any degree in the field of human services plus certification in Pennsylvania as a mental health family based worker. A children's mental health worker must have one year of experience in a CASSP system program and either</p> <p>(1) a bachelor's degree in psychology,</p>	<p>(g) services to the family of a child or adolescent who is an inpatient may not duplicate or replace hospital services.</p> <p>(h) services to the family of a child or adolescent who is an inpatient must relate to after discharge planning and may be paid for on the condition that the patient returns to family-based mental health treatment.</p>

DESCRIPTIONS OF LIMITATIONS

SERVICE	LIMITATIONS
sociology, social work, nursing, rehabilitation, pre-med, theology, or anthropology plus enrollment in the Pennsylvania certification program as a mental health family based worker or (2) 12 college level semester hours in humanities or social services, plus enrollment in the Pennsylvania certification program as a mental health family based worker or (3) licensed RN plus enrollment in the Pennsylvania certification program as a mental health family based worker. Staff members must attend training sessions as required by the Office of Mental Health.	
Family-Based Mental Health Rehabilitative Services include: Assessment - The use of psychiatric, psychological, medical and social evaluation and to develop and use instruments such as genograms, communication diagrams, and strengths/needs lists for use in treatment planning. Planning - The development of treatment plans, based on the assessment, which establish specific, attainable goals and which designate responsibility for activities proposed to achieve these goals. Planning also includes periodic evaluations of progress, reviews of activities, evaluating and updating the treatment plan and its goals, and discharge planning. Treatment - Modalities and techniques used to implement the treatment plan include: 1. Psychotherapy/counseling (individual, group, and family) 2. Play therapy as appropriate 3. Recreational therapy 4. Modeling 5. Behavior modification	

TN No. 90-10

Supersedes

TN No. \_\_\_\_\_

Approval Date 3/15/91 Effective Date July 1, 1990